

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>MM</i> | | 9/20/94 |
| O.I.P.E. CLASSIFIER | | 59 | 105 |
| FORMALITY REVIEW | <i>BD</i> | 60859 | 11-13 |

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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